

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

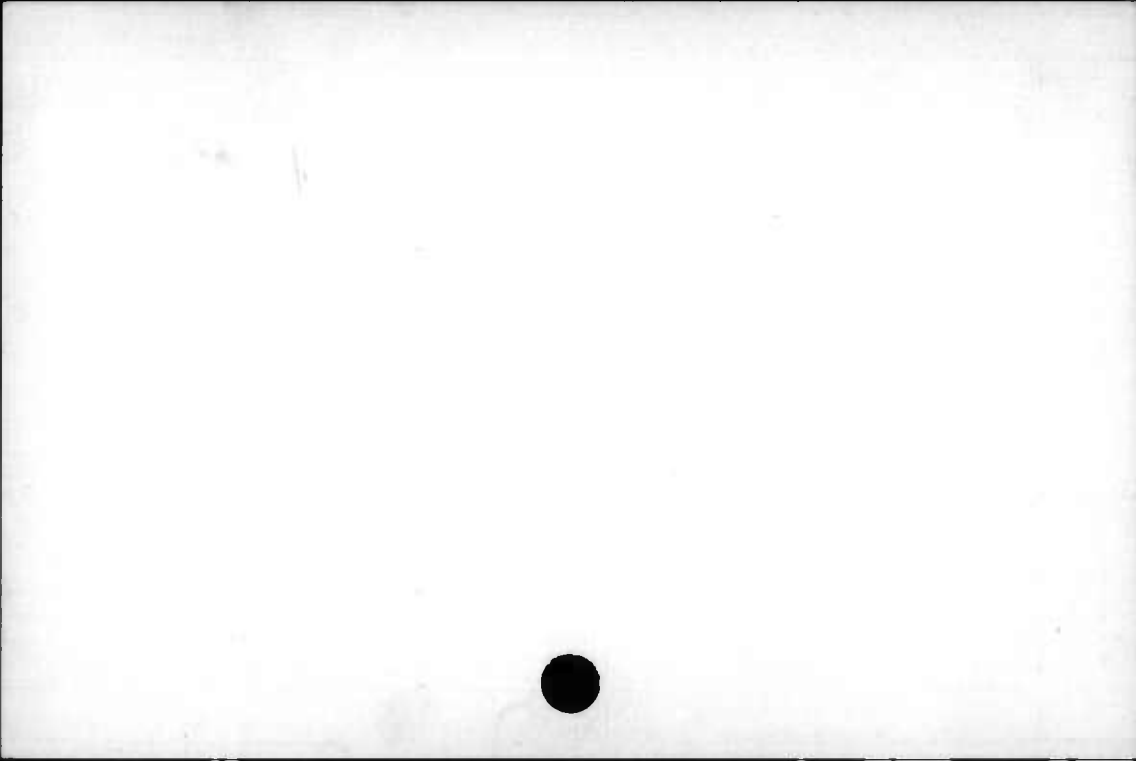
Name in Full <i>John Henry Blackstone Jr.</i>		Town <i>Trappe</i>		County <i>Palbot</i>		MARYLAND	
Died near <i>Trappe</i>		Month <i>7</i>		Day <i>11</i>		Years <i>19</i>	
Date of death <i>1907</i>		Age <i>19</i>		Months <i>7</i>		Days <i>2</i>	
Sex <i>Male</i>		Color or Race <i>Negro.</i>		Birth-place <i>Palbot Co. Md</i>			
Occupation <i>Scholar</i>		Where Residing if not at place of death <i>Baltimore, Md.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>John Henry Blackstone</i>		Father's Birthplace <i>Annapolis Md</i>					
Mother's Maiden Name <i>Annie Maria Freeman</i>		Mother's Birthplace <i>Palbot Co. Md</i>					
Name of person giving information <i>William H Freeman</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis.</i>	How long <i>9 months</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph A. Ross, M.D.</i>
	Address <i>Trappe, Palbot Co. Md</i>
Accident or Suicide? _____	



Name
in
Full

Ida Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

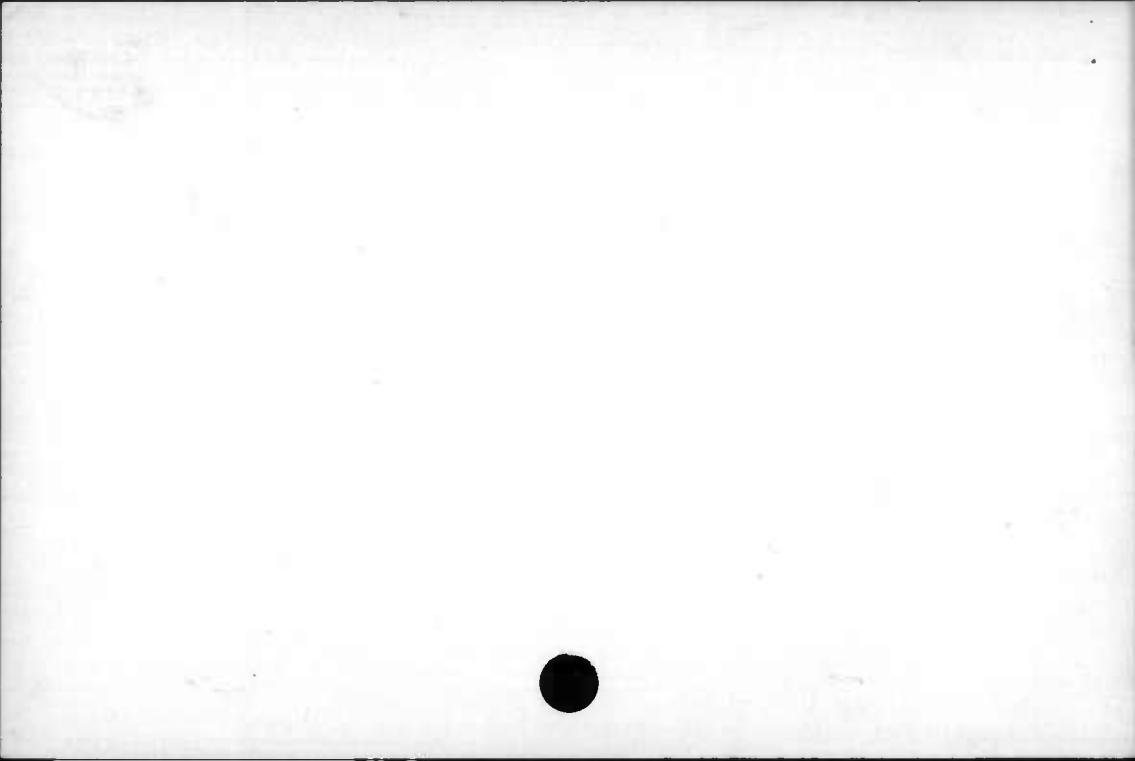
Died at <i>Easton</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>12</i>	Age <i>27</i>	Months <i>2</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Talbot Co. Md.</i>		
Occupation <i>Cook</i>		Where Residing if not at place of death <i>Talbot Co. Md.</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>John Brown</i>				
Father's Name <i>Wm Brown</i>	Father's Birthplace <i>Talbot Co. Md.</i>		Mother's Birthplace <i>Talbot Co. Md.</i>		
Mother's Maiden Name <i>Mary E James</i>	Name of person giving information <i>John Brown</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>18 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. Wm. Mallon M.D.</i>
	Address <i>Easton Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

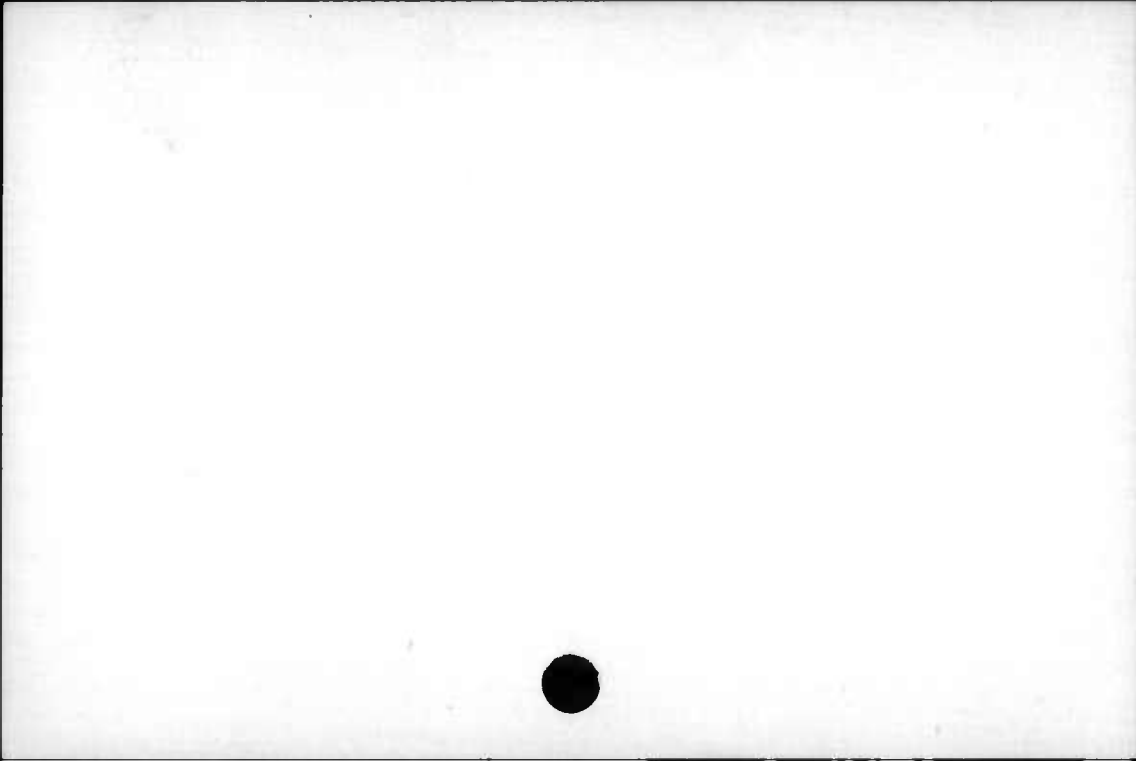
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton Hospital</i>		<i>Talbot</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb.</i>	Day <i>9</i>	Age <i>45</i>	Months <i>?</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore Md.</i>		
Occupation <i>Sailor</i>			Where Residing if not at place of death <i>Baltimore Md.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Not Known</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Hospital Record</i>		How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exposure & Hunger</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>few hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. H. Davidson</i>
	Address <i>Easton Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mary E Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

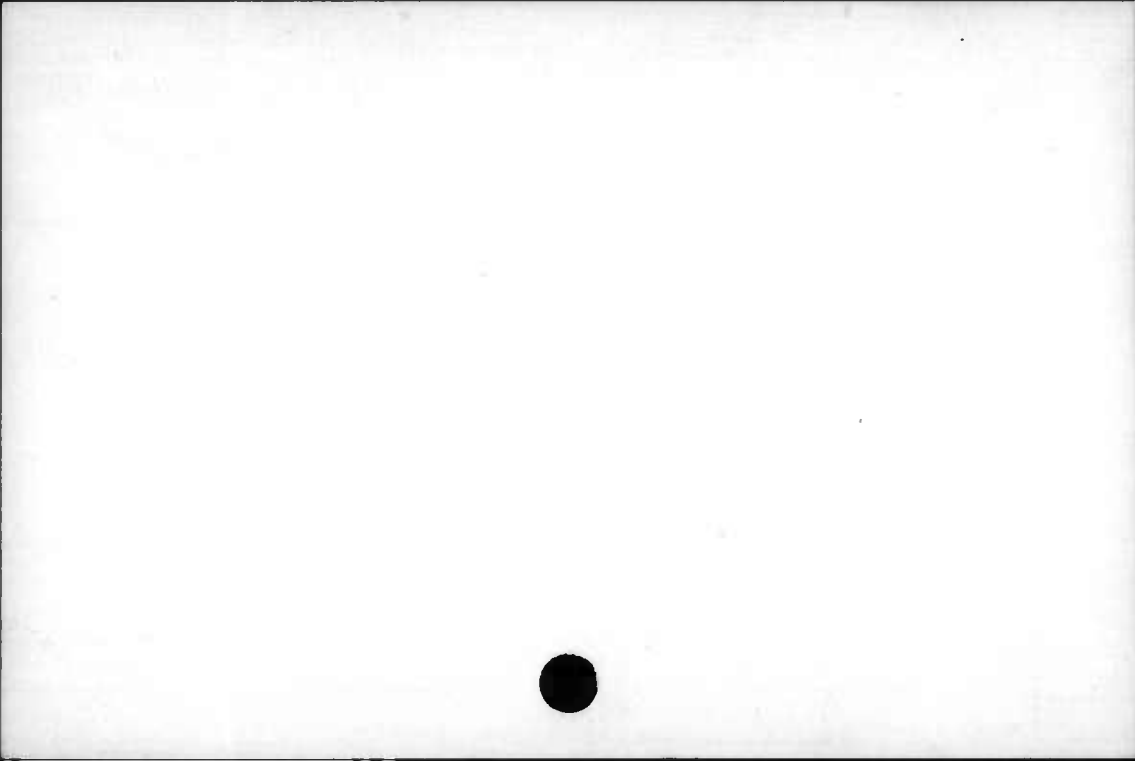
Died at		Town <u>Easton</u>		County <u>Talbot</u>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Feb	8	55	✓	1	
Sex	Female		Color or Race	Black		Birth-place	Talbot Co
Occupation	Cook			Where Residing if not at place of death		Easton, Md.	
Married, Single or Widowed	Widow		Name of Wife or Husband		Wm Brown		
Father's Name	X			Father's Birthplace		X	
Mother's Maiden Name	Hannah James			Mother's Birthplace		Talbot Co	
Name of person giving information	Ida Brown			How related to deceased		Daughter	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis of Lungs</u>	How long	<u>Six weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>A. Remy Wellman M.D.</u>	
		Address	
		<u>Easton, Md.</u>	
Accident or Suicide?			



Name
in
Full

Wm H. Burrough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town St Michaels		County Talbot		MARYLAND	
Date of death	1907	Month Feb	Day 19	Age 63	Years 10	Months	Days
Sex	Male		Color or Race	White		Birth- place	Talbot Co. Md
Occupation	Painter			Where Residing if not at place of death St Michaels Md			
Married, Single or Widowed	Married		Name of Wife or Husband	Martha			
Father's Name	Wm Burrough				Father's Birthplace	Talbot Co Md	
Mother's Maiden Name	Don't know				Mother's Birthplace	—	
Name of person giving In formation	Ed Burrough				How related to deceased	Son	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis, Pulmonary		How long	Several Yrs.
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Robt A Dodson
			Address	St Michaels Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Eaton

Town

Talbot

County

Date

of death

1907

Month

Feb

Day

7

Age

70

Years

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Md

Occupation

house

Where Residing if not
at place of deathMarried, Single
or Widowed

Widows

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

R. L. Clark

How related
to deceased

Understudy

CAUSES OF DEATH

27

Primary

Phthisis Pulmonaria

How long

2 yrs

Immediate

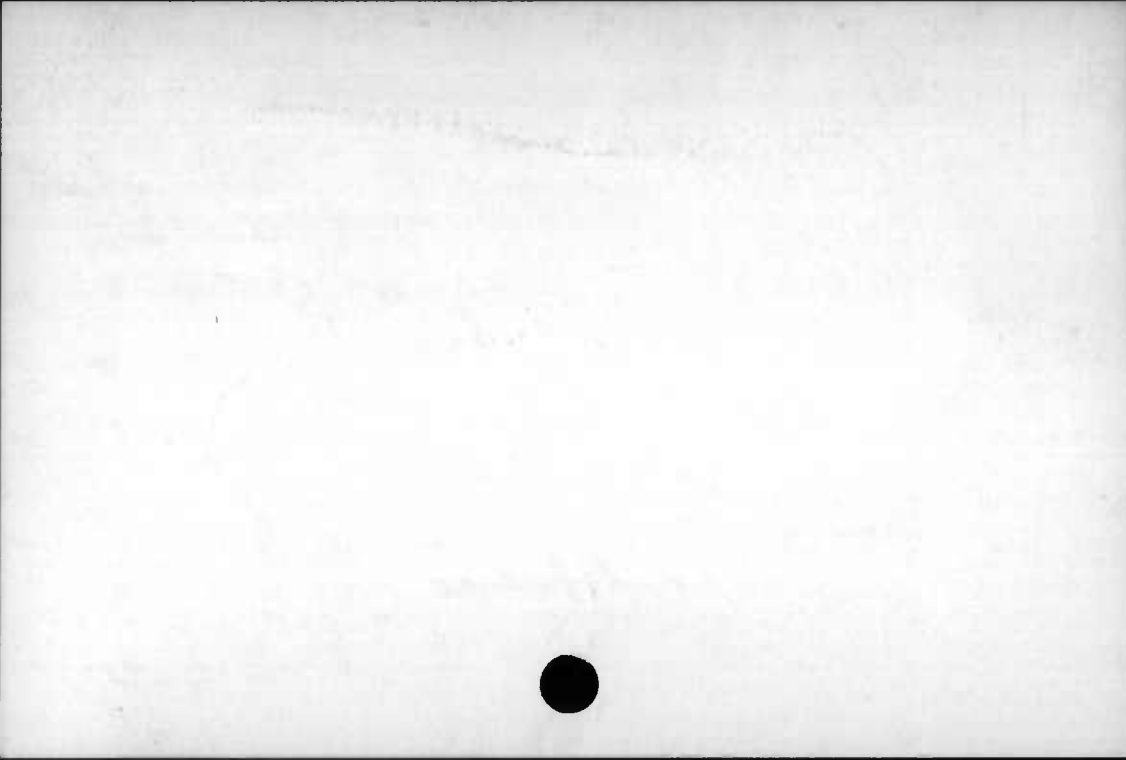
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

F. B. Merritt
Eaton

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mrs Sophia Dennis.

CERTIFICATE OF DEATH

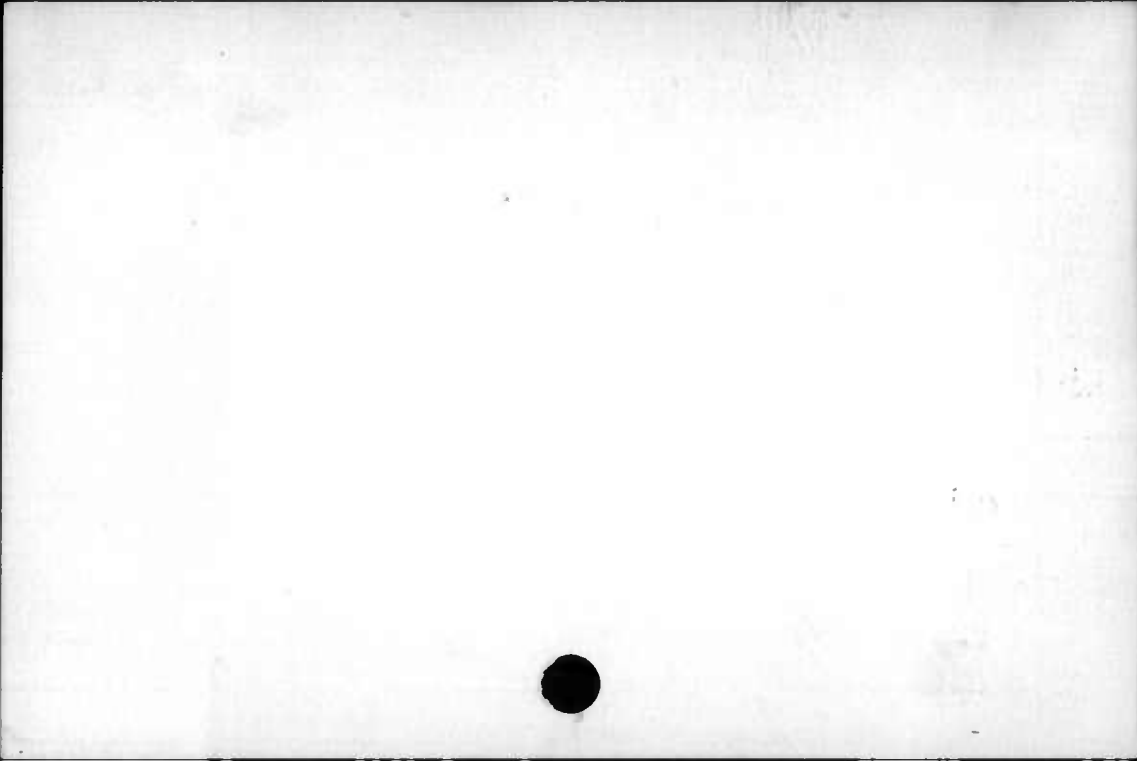
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Michaels</u> <small>Town</small>		<u>Tulbot</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>2</u>	Day <u>28</u>	Age <u>75</u> <small>Years</small>	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>St Michaels</u>		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Jessie Dennis</u>			
Father's Name <u>Hayden Gibson</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Marion Bowman</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Ella B Toulson</u>		How related to deceased <u>Sister</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>6 years</u>
Immediate <u>heart failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. C. H. Davis</u>
	Address <u>St Michaels</u>
Accident or Suicide?	<u>no</u>



Name
in
Full

Margaret Duj. Hambleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

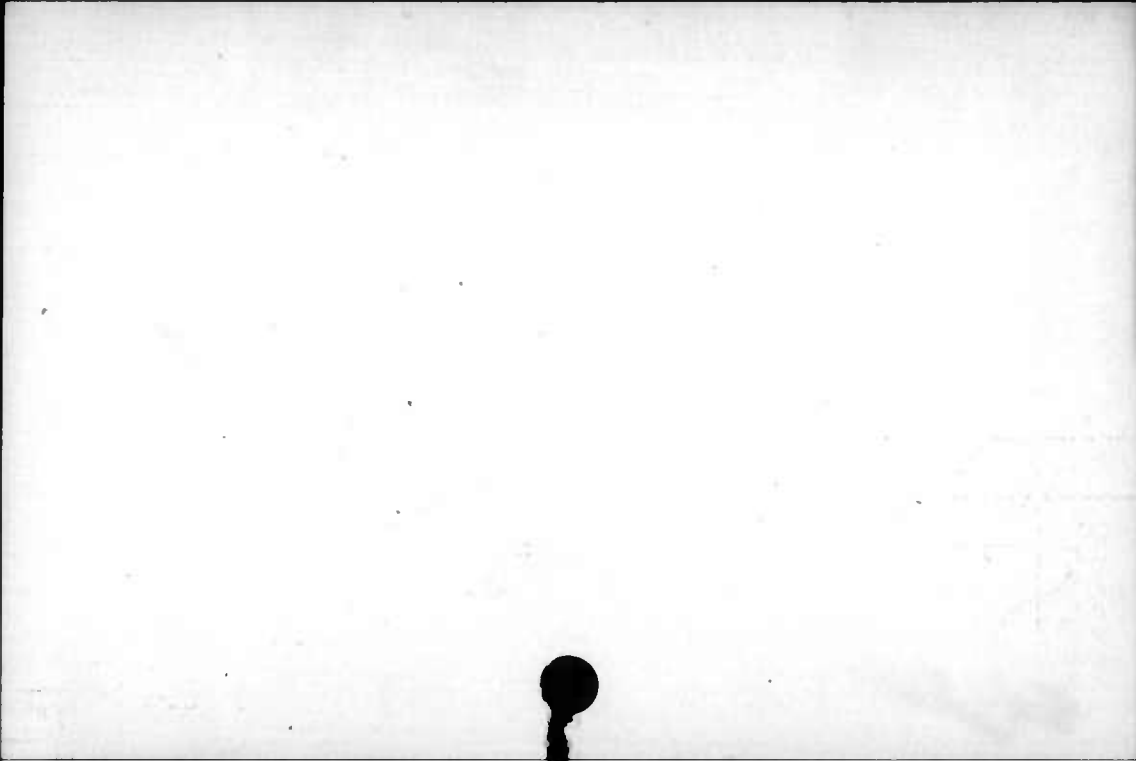
Died at <i>St Michaels</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>7</i>	Years <i>about 73</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>Alfred St Hambleton</i>			
Father's Name <i>John Shuster</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Rebecca Hambleton</i>			Mother's Birthplace <i>Dorchester</i>		
Name of person giving information <i>Alfred St Hambleton</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>L. Grippe, Asthmatic</i>	How long <i>Several yrs</i>
Immediate <i>acute Bronchitis</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Robt. A. Dodson</i>
	Address <i>St. Michaels Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

Mary Rebecca Holland

Town

County

Died at

St. Michael

Talbot County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

190

7

February

20

Age

43 years

Sex

Female

Color or
Race

White

Birth-
place

St. Michael

Occupation

House work.

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Wm J. Holland

Father's
Name

Wm Wharton

Father's
Birthplace

Talbot Co Md

Mother's
Maiden Name

Mary Wharton

Mother's
Birthplace

Talbot Co Md

Name of person giving
In formation

Katie Holland

How related
to deceased

Daughter in law

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

4 to 5 years

Immediate

General Asthenia

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

W. E. Zipp

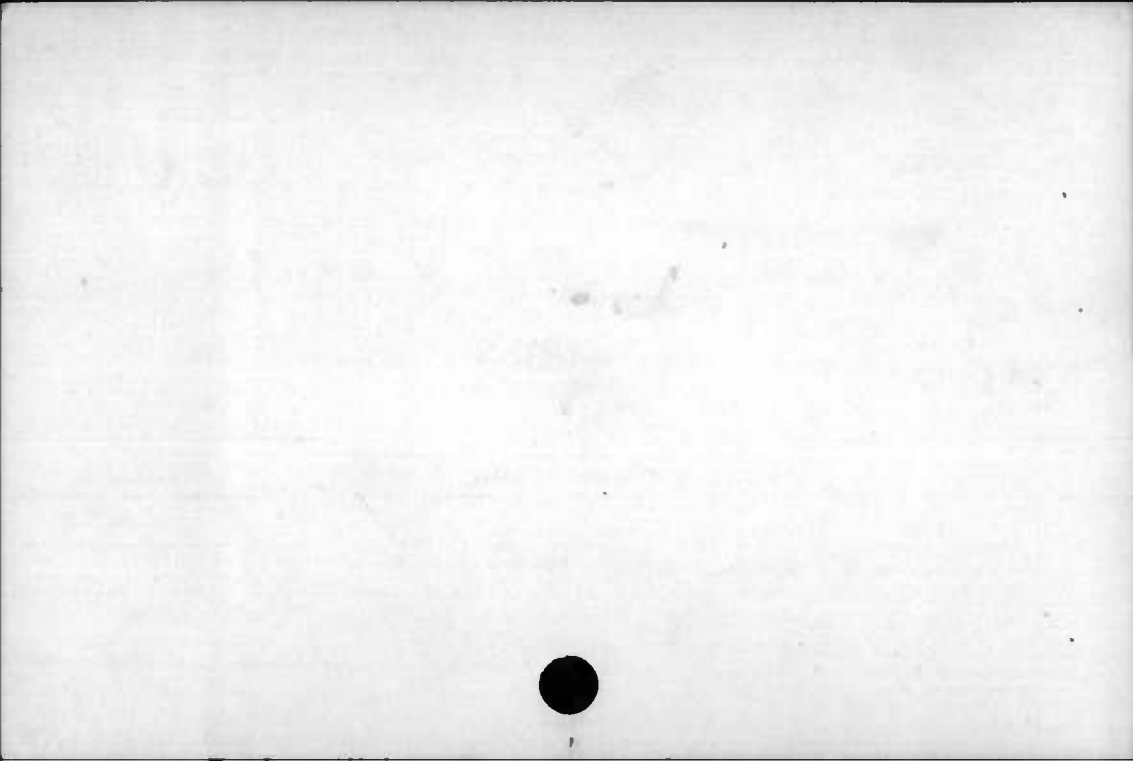
Address

St. Michael Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

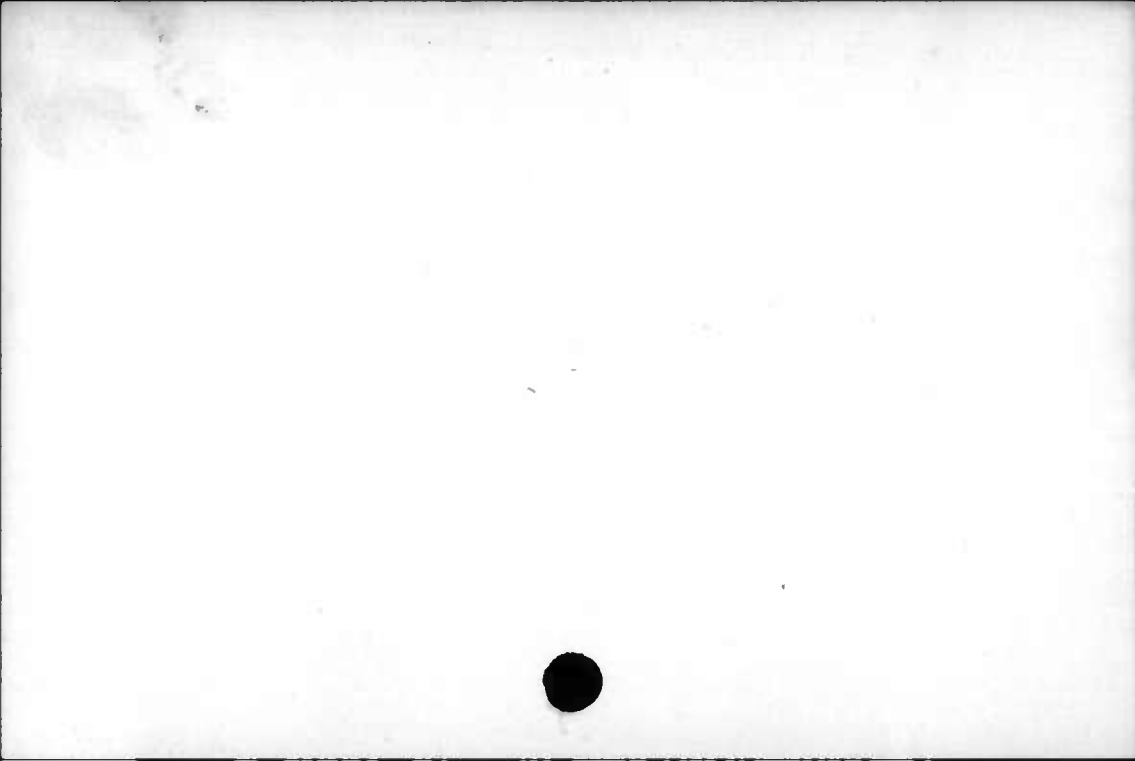
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Leonora</i>		County <i>Leoral</i>		MARYLAND	
Date of death	1907	Month <i>February</i>	Day <i>9</i>	Age <i>63</i>	Years	Months <i>+</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birth- place <i>Ind</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Gas. H. Hopkins</i>					
Father's Name <i>John Synnison</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Martha Synnison</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>Gas. H. Hopkins</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>x</i>	<i>79</i>	How long <i>5 years</i>
Immediate <i>Fatty degeneration of the head</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lehas. H. Rose</i>	
	Address <i>Leonora, Ind</i>	
Accident or Suicide?		



Name
in
Full

Irene Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

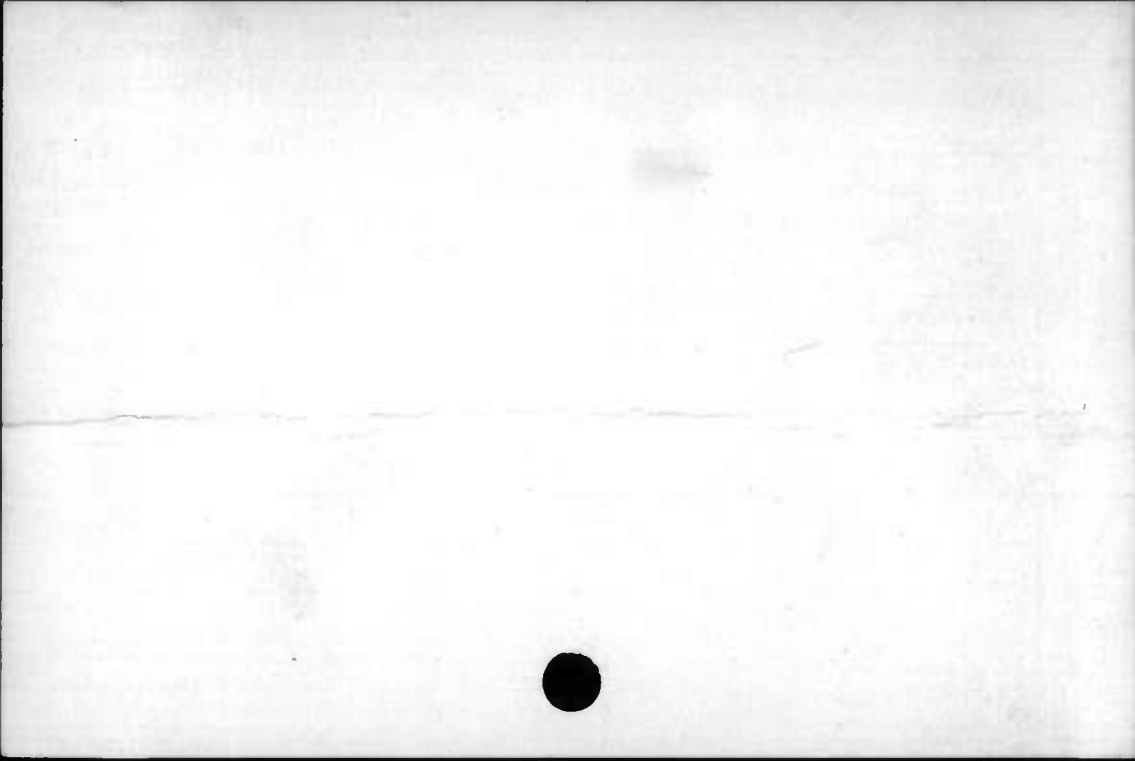
Died at		Town Easton		County Talbot		MARYLAND	
Date of death		1907	Month Feb	Day 25	Age 43	Years 3	Months 8
Sex Female		Color or Race Mulatto		Birth- place Caroline Co			
Occupation Housewife		Where Residing if not at place of death Easton Md					
Married, Single or Widowed Married		Name of Wife or Husband Thomas C Jenkins					
Father's Name William Green		Father's Birthplace Del					
Mother's Maiden Name Rachel Stanford		Mother's Birthplace Cecil Co					
Name of person giving Information Thomas C Jenkins		How related to deceased Husband					

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	Mammary abscess Phlebitis in Right leg (Puerperal)	How long 2 wks
Immediate	Supposed Cerebral Embolism	How long 2 hrs
Are the name, age, sex, color, date and place correctly given above?		yes
Signature of Physician Chas F Harrison		Address Easton, Md.
Accident or Suicide?		



Name
in
Full

Percy Ellis Jewitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michaels</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>2</i>	Day <i>6</i>	Age <i>One</i>	Months <i>three</i> Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>infant</i>		Birth-place	<i>St Michaels</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Fred Jewett</i>			Father's Birthplace	<i>Somerset C</i>
Mother's Maiden Name	<i>Henrietta Small</i>			Mother's Birthplace	<i>Somerset C</i>
Name of person giving information	<i>Fred Jewitt</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cold</i>	<i>(93)</i>	How long	<i>2 weeks</i>
Immediate	<i>Pneumonia</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			Address	
			<i>J C. H. Lewis</i> <i>St Michaels</i>	
Accident or Suicide?			<i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

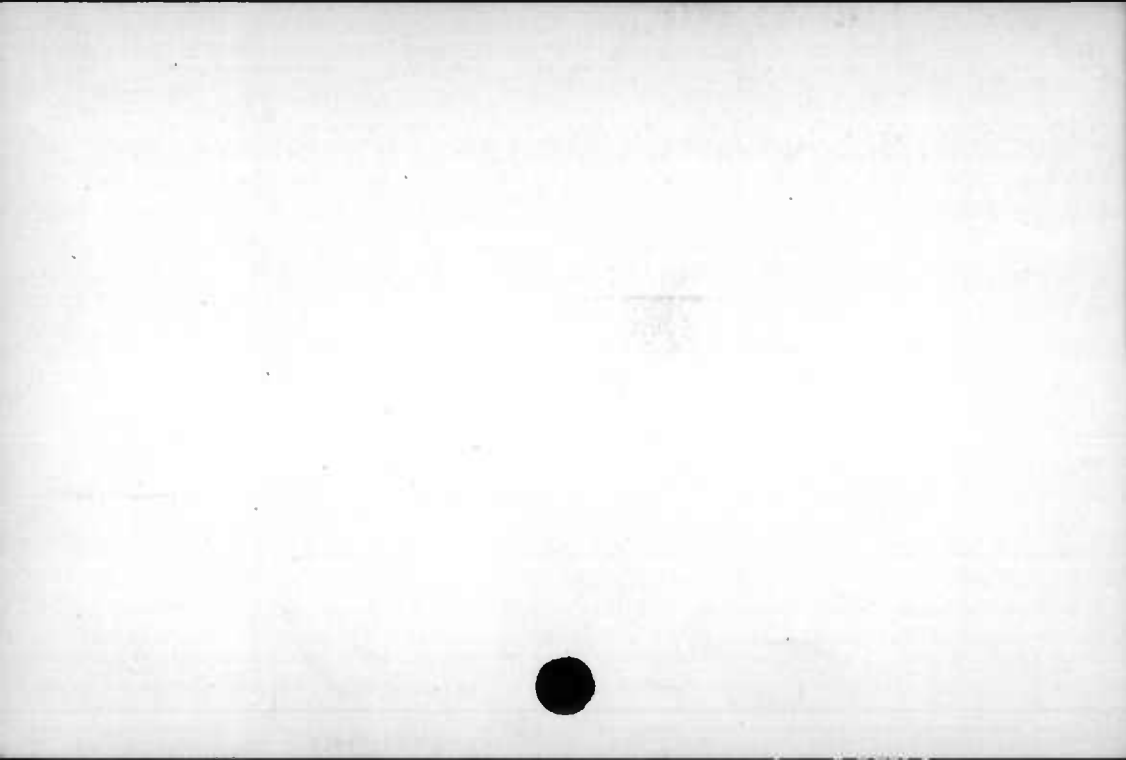
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Caston</i>		County <i>Lednum</i>		State <i>MARYLAND</i>	
Date of death		1907	Month <i>Feb</i>	Day <i>9</i>	Age Years	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth place <i>Caston, Md</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>Wm Lednum</i>				Father's Birthplace <i>Talbot Co</i>			
Mother's Maiden Name <i>Brigie Butler</i>				Mother's Birthplace " "			
Name of person giving In formation <i>Wm Lednum</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>still born</i>		How long _____	
Immediate		How long _____	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W Hayward</i>	
		Address <i>Caston</i>	
Accident or Suicide?		<i>Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i>		Town <i>Prappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>2</i>	Day <i>4</i>	Age <i>66</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>Negro</i>		Birth-place <i>Dorchester Co, Md</i>			
Occupation <i>none</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Ellen Bailey</i>					
Father's Name <i>Edward Mc Daniel</i>		Father's Birthplace <i>Dorchester Co, Md</i>					
Mother's Maiden Name <i>Doré Hunt</i>		Mother's Birthplace					
Name of person giving information <i>William E Mc Daniel</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Several years</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Joseph A. Ross M.D.</i>	
		Address <i>Prappe Talbot Co, Md</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name
in
Full

Mrs Grace Corner Mansfield

CERTIFICATE OF DEATH

MARYLAND

Died at

St Michaels

County

Talbot

Date

of death 1907

Month

2

Day

8

Age

Years

26

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Easton

Occupation

None

Where Residing if not
at place of death

St Michaels

Married, Single
or Widowed

Married

Name of Wife or
Husband

John F. Mansfield

Father's
Name

Samuel J. Corner

Father's
Birthplace

Delaware

Mother's
Maiden Name

Mary E. Jewett

Mother's
Birthplace

Delaware

Name of person giving
InformationHow related
to deceased

Mother & Father

CAUSES OF DEATH

Primary

Cold -

87

How long

4 weeks

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. C. Davis

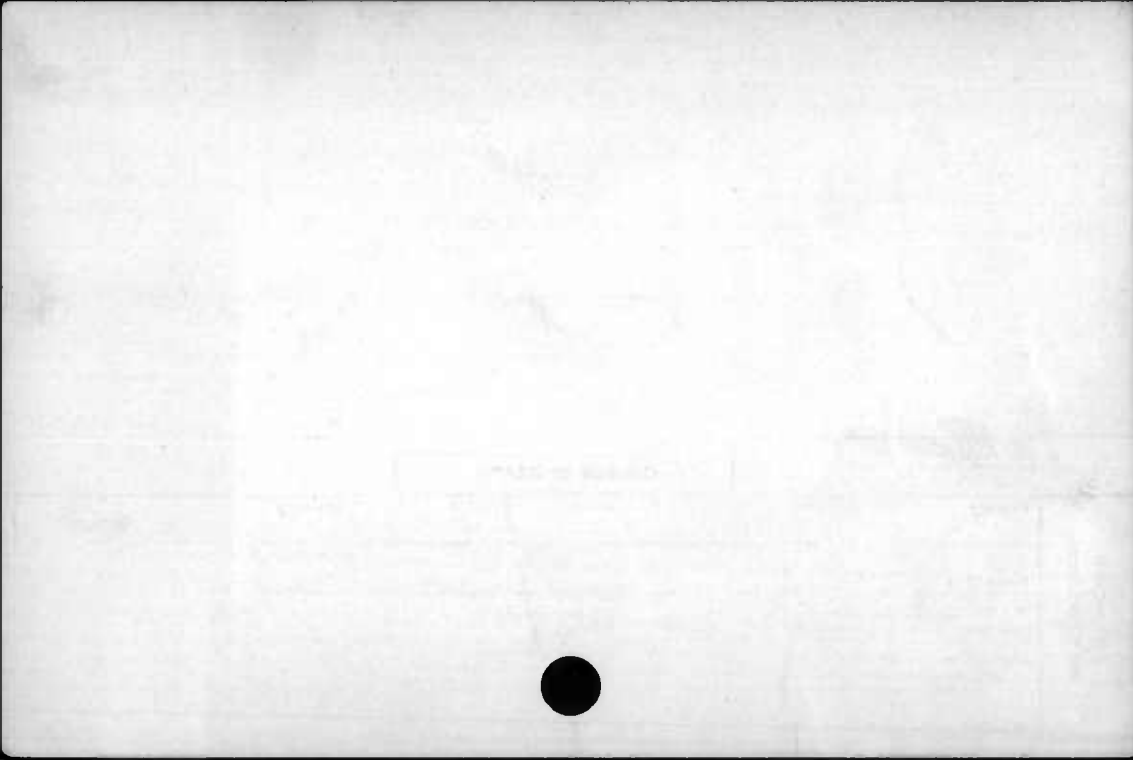
St Michaels

Md

Accident or Suicide?

None

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town *Easton*

County

Salisbury

MARYLAND

Date

of death *1907*

Month

Feb

Day

7

Age

Years

—

Months

—

Days

—

Sex

*Male*Color or
Race*White*Birth-
place*Md*

Occupation

*None*Where Residing if not
at place of death*X*Married, Single
or Widowed*Single*Name of Wife or
Husband*X*Father's
Name*Joseph Müller*Father's
Birthplace*Germany*Mother's
Maiden Name*Nina Stevens*Mother's
Birthplace*Md*Name of person giving
In formation*Joseph Müller*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Mother had a fall a few days before

How long

Immediate

confusion body had been dead 10-2 days

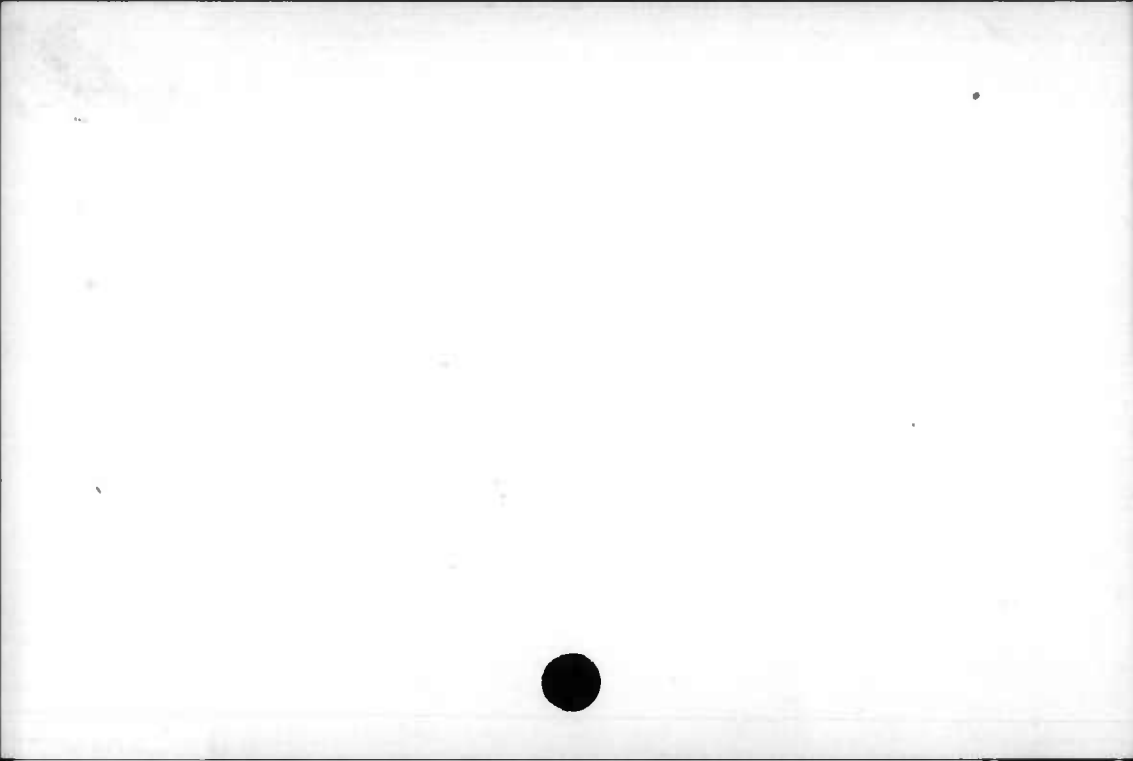
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. R. Zuppe*

Address

Easton

Accident or Suicide?



Name
in
Full

Ivy Virginia Mushaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

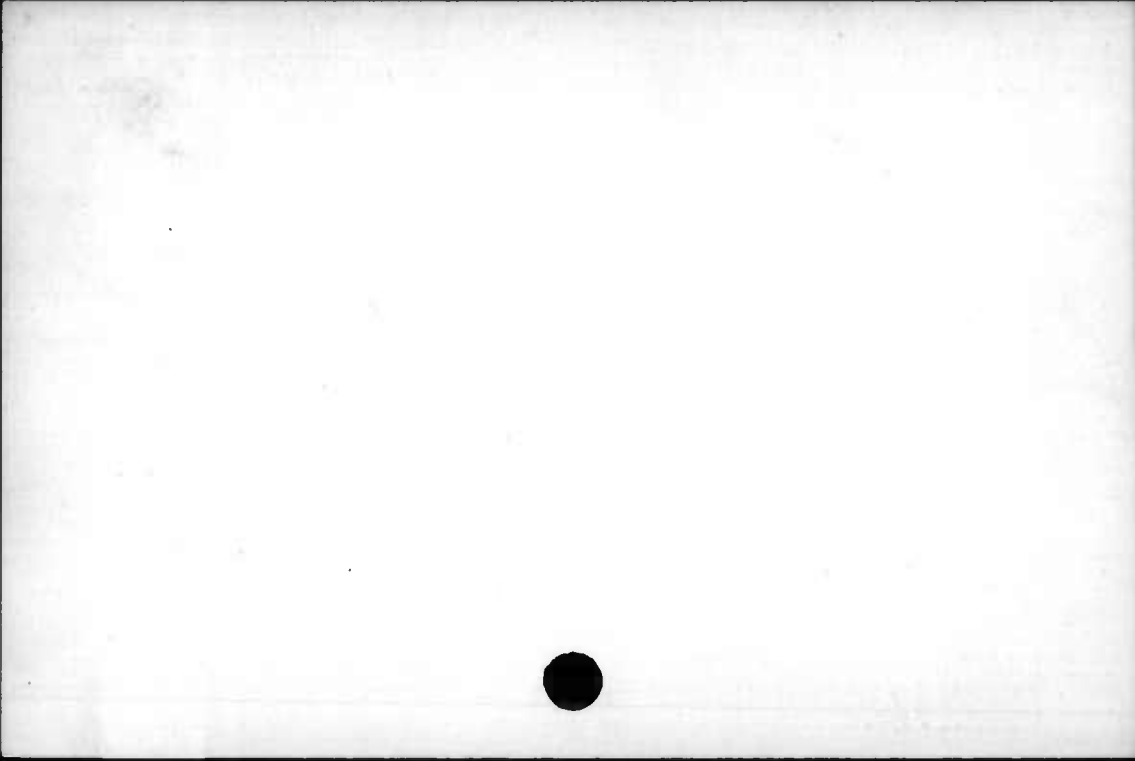
Died at		Town Grapple		County Talbot		MARYLAND	
Date of death		1907	Month Feb	Day 3	Age —	Years —	Months —
Sex female		Color or Race white		Birth- place Grapple		Days 21	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Thomas Mushaw				Father's Birthplace Hungary			
Mother's Maiden Name Jenny Whitely				Mother's Birthplace Talbot Co.			
Name of person giving information Thos Mushaw				How related to deceased Father			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Icterus - malnutrition	How long	2 weeks
Immediate	Exhaustion	How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Mrs S. Seymour
yes		Address	Grapple
Accident or Suicide?		—	



Name
in
Full

Blanch W. Newnam

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Near		Tallbot		Tallbot	
Date of death	1907	Month	Feb	Day	11
Age		Years		Months	Days
1		9			
Sex	Female	Color or Race	White	Birth-place	Tallbot Co
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	W. Franklin Newnam	Father's Birthplace			
Mother's Maiden Name	Blanch B. Wrayman	Mother's Birthplace			
Name of person giving information	W. Franklin Newnam	How related to deceased			
		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long	3 days
Immediate			How long	-
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Dr. J. B. Smith		
Address		St. Michaels		
Accident or Suicide?		No		



Name
in
Full

Thomas Edward Price.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

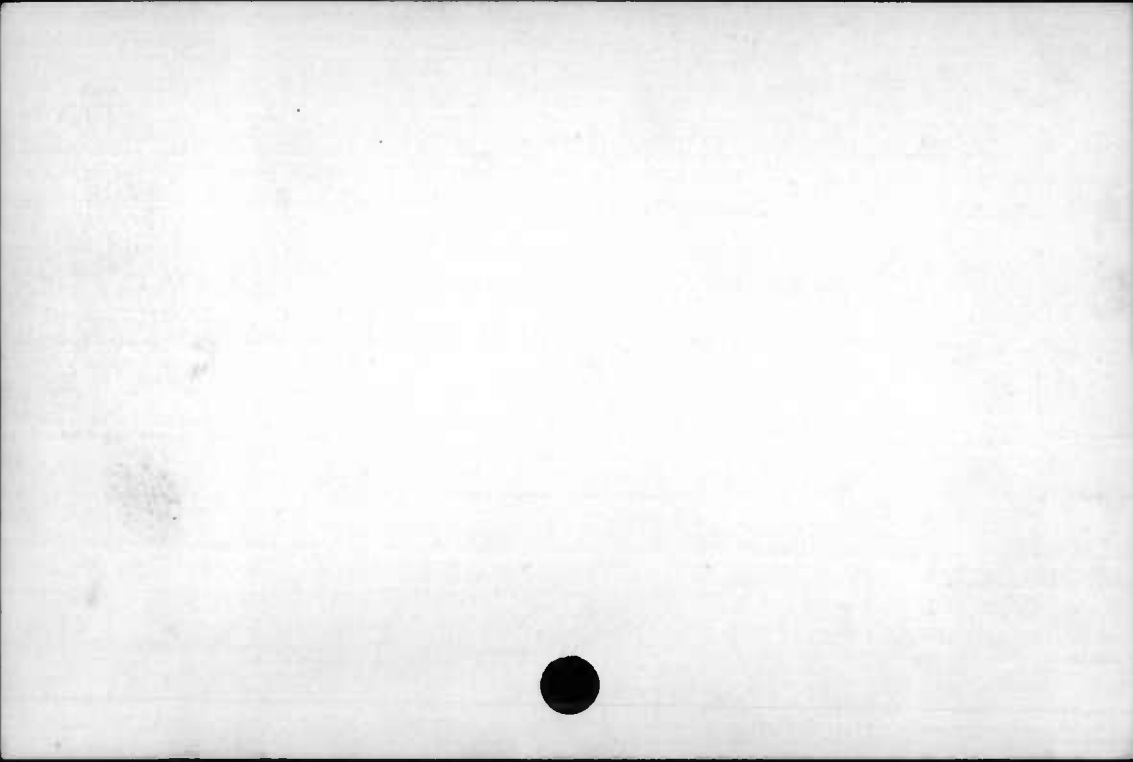
MARYLAND

Died at <u>Back Creek</u> ^{Town}		<u>Talbot</u> ^{County}	
Date of death	<u>1907</u> ^{Month} <u>February</u> ^{Day} <u>13</u>	Age	<u>61</u> ^{Years} <u>11</u> ^{Months} <u>22</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>
Occupation	<u>Farmer</u>	Birth-place	<u>Talbot County</u>
Where Residing if not at place of death		<u>St. Michaels</u>	
Married, Single or Widowed	<u>Widower</u>	Name of Wife or Husband	
Father's Name	<u>Henry Price</u>	Father's Birthplace	<u>Talbot County</u>
Mother's Maiden Name	<u>Skirby</u>	Mother's Birthplace	<u>Talbot, Co</u>
Name of person giving information	<u>Daisy P. Price</u>	How related to deceased	<u>Daughter</u>

CAUSES OF DEATH

Primary	<u>170</u>	How long	
Immediate	<u>Frozen after breaking in ice</u>	How long	<u>thirty minutes</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Robt A Dodson</u>
		Address	<u>St. Michaels Md.</u>
Accident or crime <u>accident</u>			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

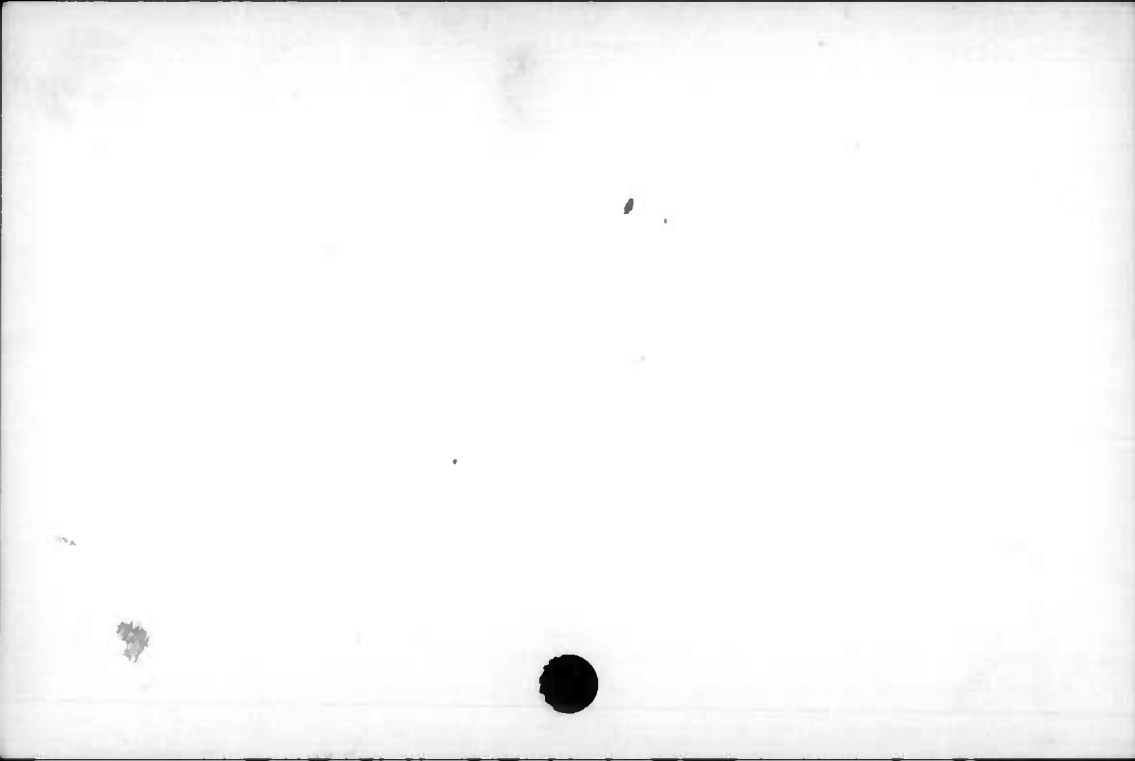
Died at <i>St. Michaels</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Feb.</i>	Day	<i>18</i>
Age	<i>52</i>	Years	<i>10</i>	Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Montgomery Co.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Anna Elizabeth Radcliffe</i>			
Father's Name	<i>Joseph Thomas Radcliffe</i>			Father's Birthplace	<i>Washington D.C.</i>
Mother's Maiden Name	<i>Louisa Harrison</i>			Mother's Birthplace	<i>Talbot Co.</i>
Name of person giving information	<i>Eleanor B. Radcliffe</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Myocarditis (degenerative)</i>	How long	<i>5 mo. or longer</i>
Immediate	<i>Cardiac failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. M.D.</i>		
	Address <i>St. Michaels Md</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

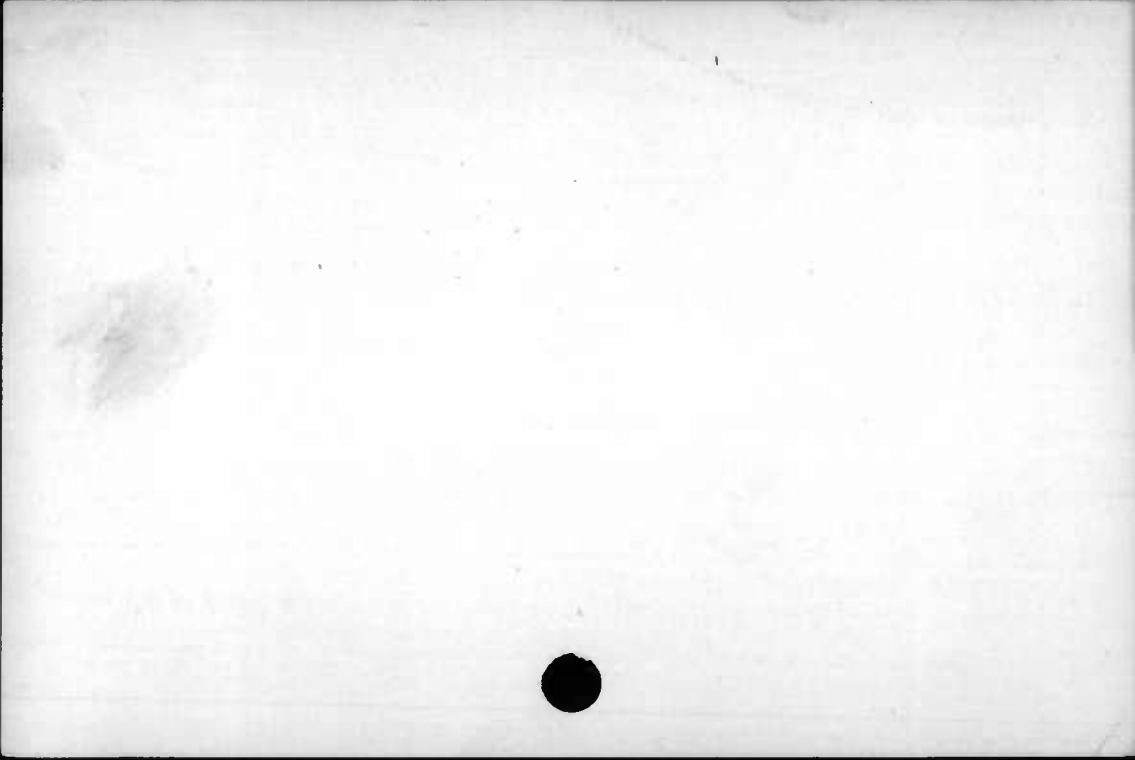
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eastern Point</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb.</u>	Day <u>28</u>	Age <u>51</u>	Months <u>6</u>	Days <u>8</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Talbot Co., Md</u>		
Occupation <u>Barber</u>	Where Residing if not at place of death <u>Talbot Co., Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Ida Shelton</u>				
Father's Name <u>Morgan Shelton</u>	Father's Birthplace <u>Talbot Co., Md</u>				
Mother's Maiden Name <u>Sophia Morgan</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>W. M. Shelton</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart Disease</u>	How long <u>3 months</u>
Immediate <u>Waning</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>
	Address <u>Eastern, Md</u>
Accident or Suicide?	



Name
in
Full

Etta Shockley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Easton

Town

Talbot

County

MARYLAND

Date

1907

Month

Feb

Day

3rd

Age

Years

67

Months

✓

Days

✓

Sex

Female

Color or
Race

Black

Birth-
place

Caroline

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of
Husband

Isaac Shockley

Father's
Name

James Green

Father's
Birthplace

Caroline Co

Mother's
Maiden Name

Dnt. Kuon

Mother's
Birthplace

✓

Name of person giving
Information

Isaac Shockley

How related
to deceased

Husband

CAUSES OF DEATH

10

Primary

La Grippe -

How long

2 weeks

Immediate

Coriaca Dilation

How long

Several Days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

P. T. Travers

Address

Easton, Md

Accident or Suicide?

Thursday am. Salisbury -

Name
in
Full

Robert. Skinner

CERTIFICATE OF DEATH

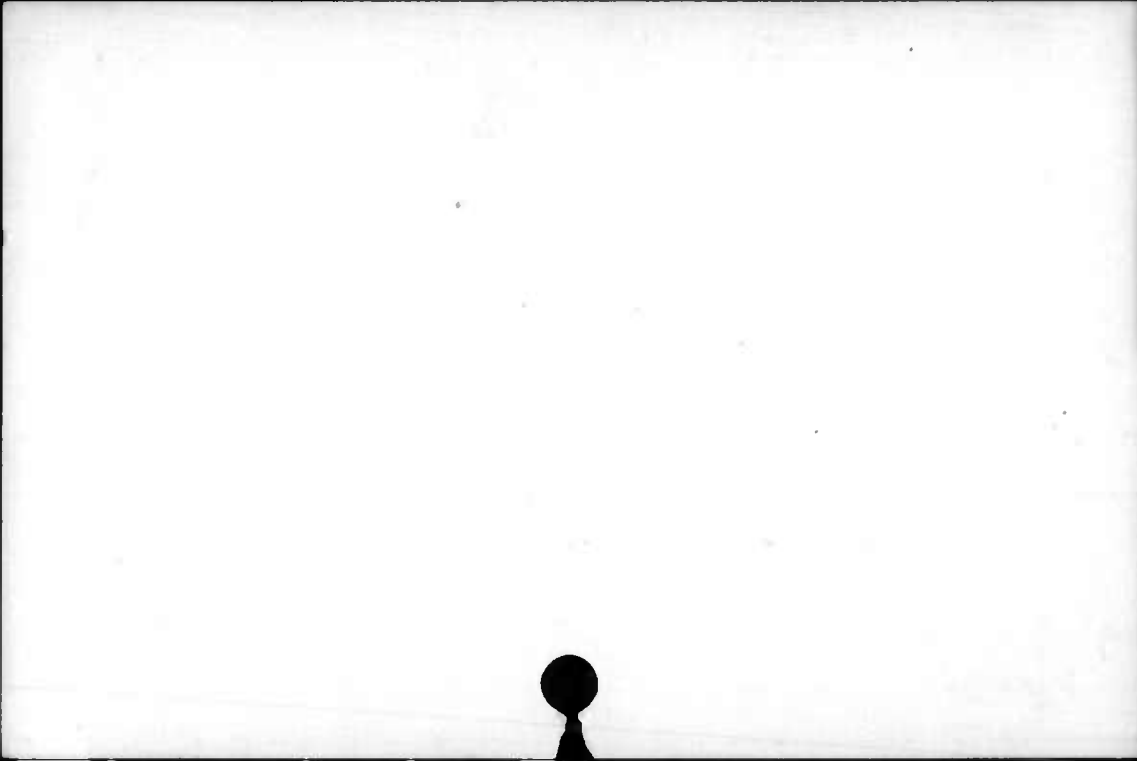
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wye Mills</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb.</i>	Day <i>3</i>	Age <i>93</i>	Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Sailor</i>			Where Residing if not at place of death <i>near Laurel town</i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband			
Father's Name <i>George Skinner</i>			Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>not known</i>		
Name of person giving Information <i>Blain Skinner</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old Age</i>	<i>154</i>	How long
Immediate	<i>Heart Failure</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. W. Stack M.D.</i> <i>Wye Mills.</i>
<i>yes</i>		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

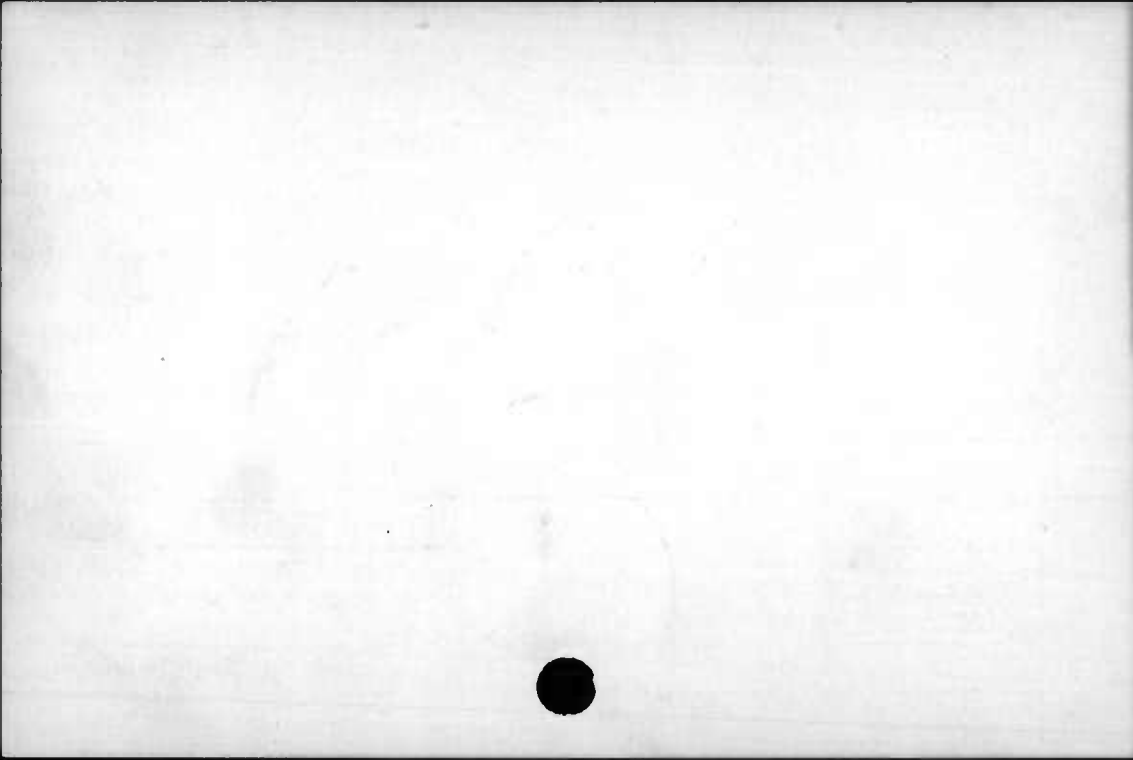
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leviston</i> ^{Town}		<i>Yallow</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>22</i>	Years <i>65</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Caroline Co.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Lewisston</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Flora V. Sullivan</i>				
Father's Name <i>John Sullivan</i>	Father's Birthplace <i>Caroline Co.</i>		Mother's Birthplace <i>Caroline Co.</i>		
Mother's Maiden Name <i>Flora V. Sullivan</i>	Name of person giving information <i>Flora V. Sullivan</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lee Grippe</i>	How long <i>10</i>
Immediate <i>Pneumonia</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Stille - M.D.</i>
	Address <i>Cardova Md.</i>
Accident or Suicide?	



Name
in
Full

Williams Evans - Sparks

CERTIFICATE OF DEATH

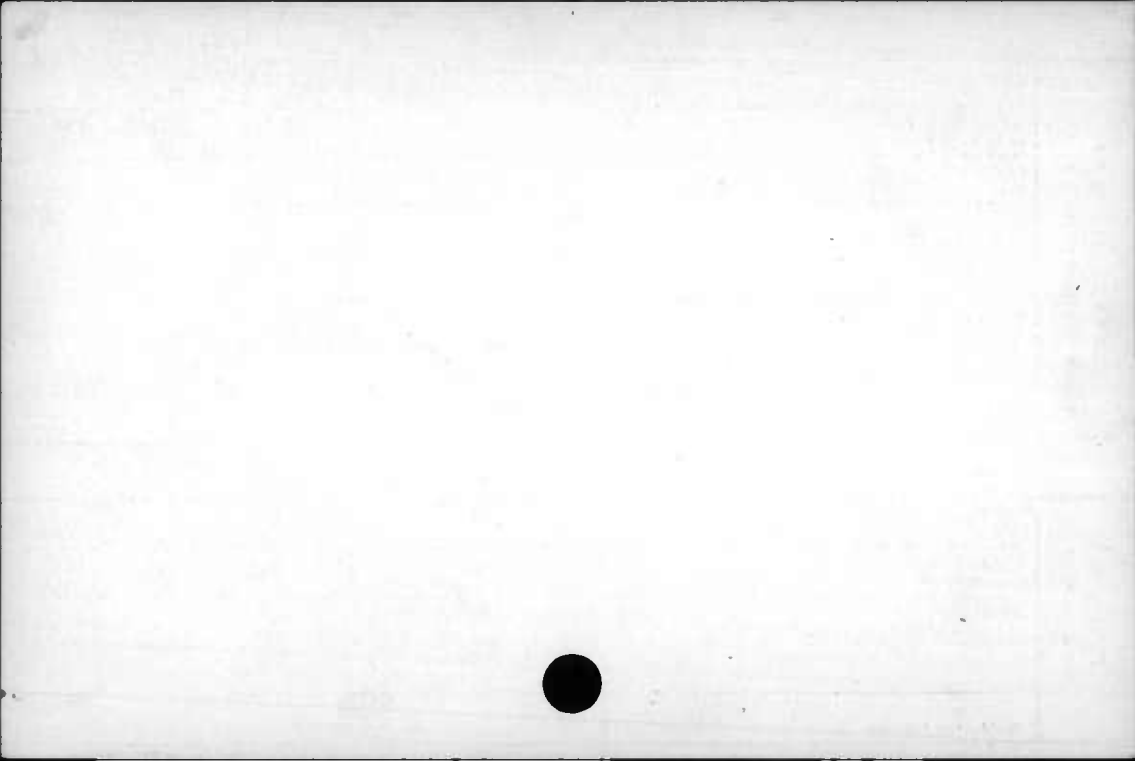
TO BE ANSWERED BY
NEAREST FRIEND

Died at			Town		County		MARYLAND	
Date of death 190	7	Month Feb	2	Day 11	Age	—	Months One	Days Nine
Sex	male		Color or Race	white		Birth- place	Cordova. Ind.	
Married, Single or Widowed	Infant			Occupation				None
Name of Wife or Husband								
Father's Name	Joseph R. Sparks Jr.					Father's Birthplace	Queene Anne Co	
Mother's Maiden Name	Rebecca Catherine Mason					Mother's Birthplace	Queene Anne Co	
Name of person giving In formation	Joseph R. Sparks Jr.					How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus.	(151)	How long	From birth
Immediate	Emaciation		How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. M. Stille, M.D.	
		Address	Cordova. Md	
Accident or Suicide?				



Name
in
Full

Hattie Belle Stevens

CERTIFICATE OF DEATH

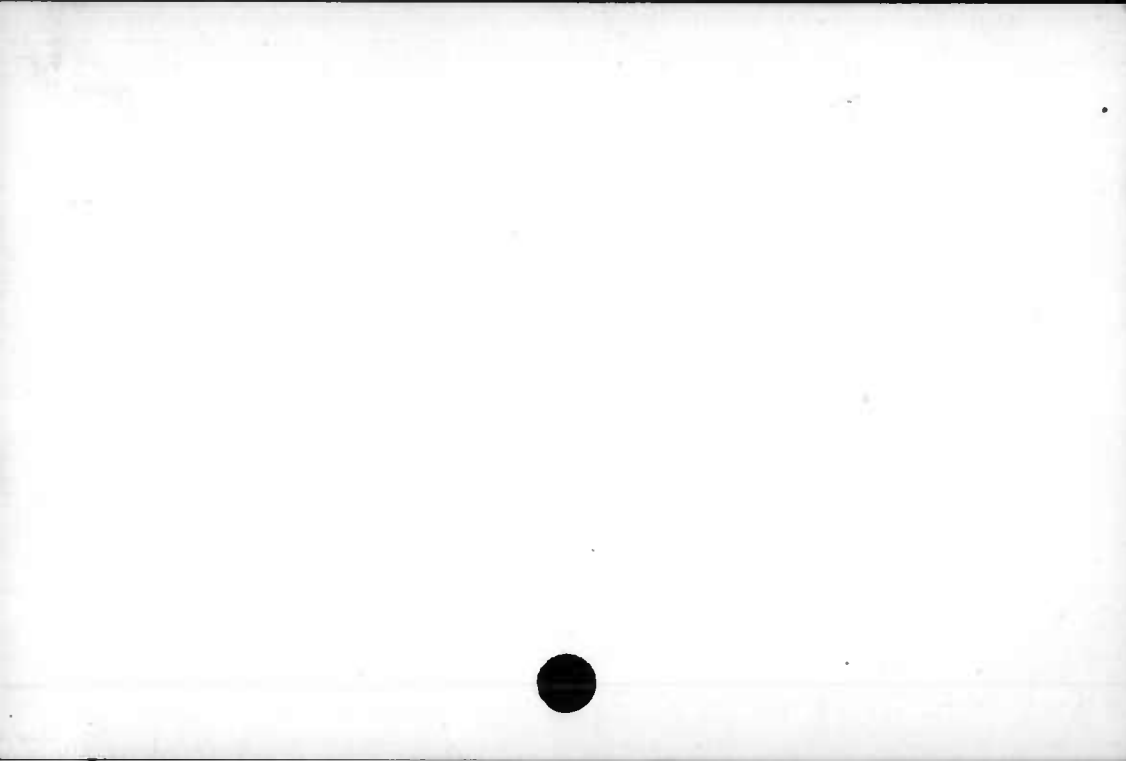
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Trapp</u> Town		<u>Galveston</u> County		MARYLAND	
Date of death	<u>1907</u> <u>Feb</u> , <u>28</u>	Age	<u>51</u> Years	Months	<u>7</u> Days
Sex	<u>female</u>	Color or Race	<u>white</u>	Birth-place	<u>Galveston Co.</u>
Occupation	<u>✓</u>	Where Residing if not at place of death <u>✓</u>			
Married, Single or Widowed	<u>✓</u>	Name of Wife or Husband <u>✓</u>			
Father's Name	<u>George Stevens</u>			Father's Birthplace	<u>Galveston Co.</u>
Mother's Maiden Name	<u>Nannie Griffin</u>			Mother's Birthplace	<u>Galveston Co.</u>
Name of person giving information	<u>George Stevens</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Rheumatism</u>	How long	<u>3 wks</u>
Immediate	<u>Endocarditis & Bronchopneumonia</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Wm S. Seymour</u>	
		Address	
		<u>Trapp</u>	
Accident or Suicide?			
<u>no</u>			



Name
in
Full

Charles Tilghman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

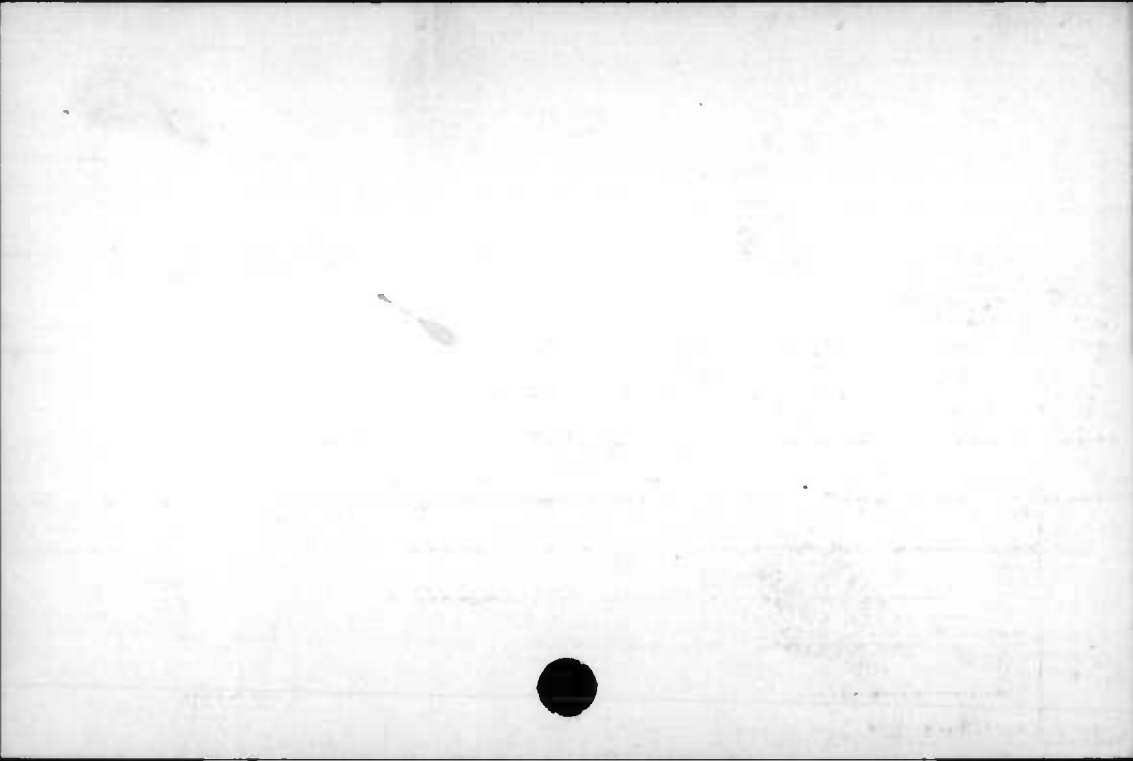
Died at <i>Long woods</i>		Town <i>Talbot Co</i>		County		MARYLAND	
Date of death <i>1907 Feb 17</i>		Month <i>Feb</i>		Day <i>17</i>		Age <i>13</i>	
Sex <i>Male</i>		Color or Race <i>Cold Boy</i>		Birthplace <i>Long woods</i>		Months <i>+</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Long woods</i>		Days <i>+</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Rose Tilghman</i>					
Father's Name <i>Donot know</i>		Father's Birthplace <i>Donot know</i>					
Mother's Maiden Name <i>Rosa Tilghman</i>		Mother's Birthplace <i>Kings Creek</i>					
Name of person giving information <i>Scott Tilghman</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>		How long <i>5 years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>as near possible</i>		Signature of Physician <i>None</i>	
		Address <i>Sam Fitchett & son</i>	
Accident or Suicide?			



Name
in
Full

Ariana Turpin

CERTIFICATE OF DEATH

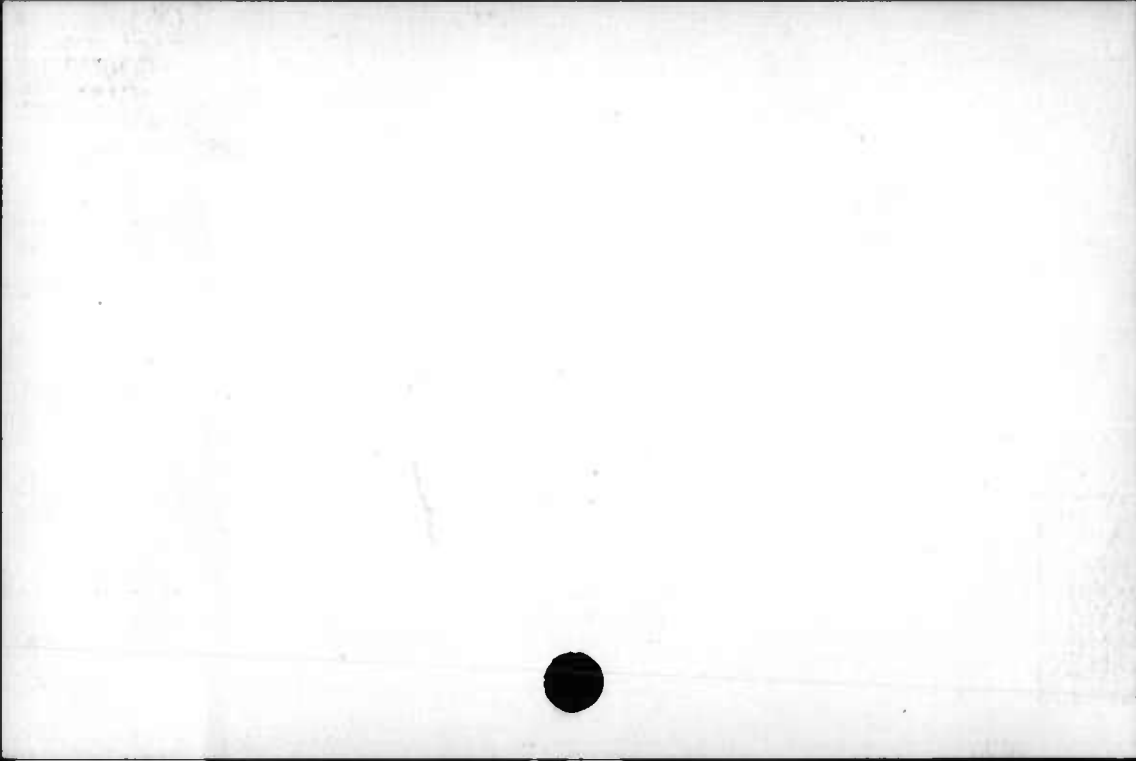
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trappe</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	<i>1907 Feb.</i>	Day	<i>28</i>	Age	<i>72</i>
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Talbot Co.</i>
Occupation	<i>Unknown</i>	Where Residing if not at place of death <i>Unknown</i>			
Married, Single or Widowed	<i>widow</i>	Name of Wife or Husband <i>Unknown</i>			
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Joe L. Gruchy</i>			How related to deceased	<i>Supt.</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>carcinoma of face</i>	How long	<i>3 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm. S. Seymour</i>
		Address	<i>Trappe, Md.</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

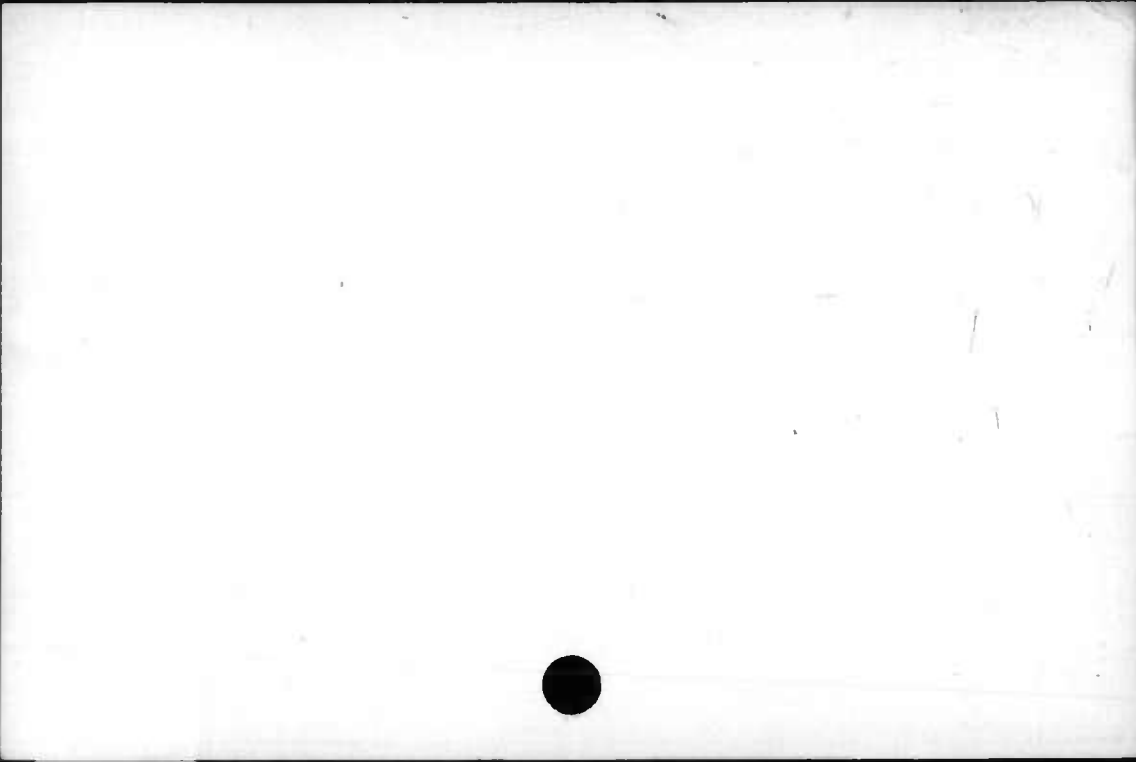
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oxford</i> Town		<i>Dalton</i> County		MARYLAND	
Date of death	1907	Month	Feb	Day	9
Age	35	Years		Months	
Sex	Male	Color or Race	White	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Emma Collins</i>				
Father's Name	<i>not known</i>			Father's Birthplace	
Mother's Maiden Name	<i>Amanda Watts</i>			Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Se Grippe</i>	How long	<i>(10)</i>
Immediate	<i>Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. M. Eccles</i>		
	Address <i>Oxford Md</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

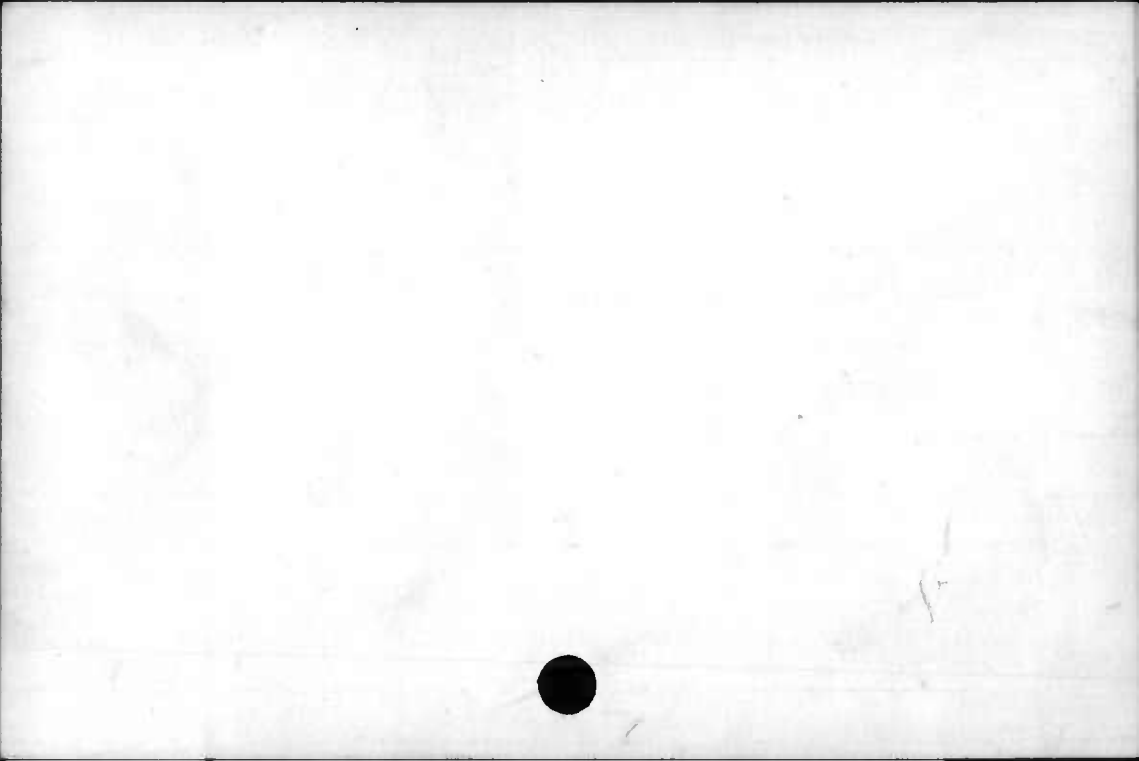
Died at <i>Wye Mills</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>Feb.</i> ^{Day}	<i>17</i> ^{Years}	<i>5</i> ^{Months}	<i>7</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Labourer</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death			<i>Wye Mills</i>		
Married, Single or Widowed	Name of Wife or Husband		<i>Julia Wilmer</i>		
Father's Name	<i>Perry Wilmer</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Hollie</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving Information	<i>Richard Wilmer</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's Kidney & Heart.</i>	How long	<i>one year</i>
Immediate	<i>Heart Failure</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. Stack M.D.</i>
Address		<i>Wye Mills Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i> <i>Trappe</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>3-</i>	Age <i>76</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Talbot Co, Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Martha Banks</i>				
Father's Name <i>Ephraim Wells</i>	Father's Birthplace <i>Talbot Co, Md</i>				
Mother's Maiden Name <i>Jane Matthews</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Ephraim Wells</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long <i>5 days</i>
Immediate	<i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Joseph A. Coe M.D.</i>
		Address <i>Trappe, Talbot Co, Md</i>
Accident or Suicide? <i>—</i>		

